



King County

SUPERIOR COURT INTERPRETER SERVICES INVOICE

JURY INVOICE

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CASE TYPE (Only One Per Invoice) CRIMINAL <input type="checkbox"/> CIVIL <input type="checkbox"/>	SERVICE LOCATION (Only One Per Invoice) SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>	JUVENILE HEARINGS ONLY: IN COURT <input type="checkbox"/> OUT OF COURT <input type="checkbox"/> OFFENDER <input type="checkbox"/> TRUANCY <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> ARY <input type="checkbox"/> CHINS <input type="checkbox"/>			
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DATE	CASE NUMBER	CASE NAME	NAME OF JUDGE / ATTORNEY / COURT PERSONNEL (No Initials), LOCATION / ROOM NUMBER	APPROVAL SIGNATURE	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS

COMMENTS:	TOTAL HOURS:
	TOTAL PAYMENT:

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: _____

_____ Your Invoice Tracking Code

DATE: _____

INVOICES NOT SUBMITTED WITHIN 30 DAYS WILL BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE WILL NOT BE PAID.

PLEASE MAIL TO:
KING COUNTY SUPERIOR COURT
ATTN: Gary Cutler
516 THIRD AVENUE - ROOM C-203
SEATTLE, WA 98104

**PLEASE MAKE A COPY
FOR YOUR OWN RECORDS
BEFORE YOU MAIL THIS FORM.**

FOR BUDGET DEPARTMENT USE ONLY